ADDRESS  CITY  STATE  ZIP CODE  DAYTIME TELEPHONE  EVENING TELEPHONE  CONTACT INFORMATION  NAME  COCATION  TELEPHONE  LIST OF ESSENTIAL FUNCTIONS	ADDRESS  CITY  STATE  ZIP CODE  DAYTIME TELEPHONE  EVENING TELEPHONE  CONTACT INFORMATION  NAME  LOCATION  TELEPHONE				RMATIOI	PPLICANT INI			
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Enter list of essential functions of the job from current duty statement here, or attach duty statement:	Enter list of essential functions of the job from current duty statement here, or attach duty statement:			}	FUNCTIO	OF ESSENTIA	LI		
inter list of essential functions of the job from current duty statement here, of attach duty statement:	inter list of essential functions of the job from current duty statement here, or attach duty statement:			tatamant.			h fuana accumant :		
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## **ACKNOWLEDGEMENT** I certify that the duties listed above represent the essential functions of the job and classification listed above. SUPERVISOR'S NAME SUPERVISOR'S SIGNATURE DATE PERSONNEL OFFICER'S NAME PERSONNEL OFFICER'S SIGNATURE DATE

## STD. 910 (EST. 1/2002) (BACK) ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE

APPLICANT'S CERTIFICATION OF ESSENTIAL FUNCTIONS							
I certify that I have read the essential functions of the job listed boxes below):	on page 1 and considering my current health status (ple	ease check one of the					
I am able to perform all of the essential fund	ctions of the job without a need for reasonable accommo	dation.					
<u> </u>	ctions of the job, but will require reasonable accommodate the Reasonable Accommodation section below).	tion (please					
I am unable to perform one or more of the e	essential functions of the job, even with reasonable accor	mmodation.					
	more of the essential functions of the job. I have identified to perform the essential functions of the job in the Requirements						
REASONABLE ACCOMMODATIO	N (If necessary, you may attach additional page	s)					
For each essential function of the job for which you require rea are requesting:	sonable accommodation, please describe the reasonabl	le accommodation you					
REQUEST FOR ESSENTIAL FUNCTIONS EV	/ALUATION (If necessary, you may attach additi	ional pages)					
I am not sure whether I have a physical or mental limitation tha the job. Below I have listed the essential functions in question a impair me from performing the listed essential functions of the J State Personnel Board's Medical Officer, or his/her delegate, to reasonable accommodation.	and my specific functional limitations that I believe may possible in the properties of the properties	prevent or otherwise this information to the					
ACI	KNOWLEDGEMENT						
I certify that the information I have provided concerning my abi of my knowledge.	ility to perform the essential functions of the job is true ar	nd complete to the best					
APPLICANT' S NAME (Print or type)	APPLICANT'S SIGNATURE	DATE					